



# Connecticut Technical High School System Application for Student Admission

www.cttech.org

## Instructions

To be considered for admission to a Connecticut Technical High School, you and your child must complete this application with the appropriate signatures and return it to your school counselor, principal or teacher. Your school counselor will complete the sending school section of this application and forward your application, transcript of grades, attendance and discipline infractions to the **1st choice** Connecticut Technical High School. Incomplete applications will not be processed. Admission is contingent upon successful completion of Grade 8 and final receipt of all records.

### *Your school must supply the Technical High School with the following data:*

- ▶ **Grade 7 Connecticut Mastery Test** as reported on the Student Score Report\*
- ▶ A record of previous (7<sup>th</sup> grade) and current (8<sup>th</sup> grade) **transcript, attendance, discipline infractions and a copy of the Student Success Plan**
- ▶ Parent and student applicant must complete pages 1, 2 and 3. **The child must complete the extra-curricular activities and reasons why he/she would like to attend CTHSS section (page 3) of the application**

*\*Note: If your child has not completed the Standard Administration of the Grade 7 Connecticut Mastery Test (CMT) in Mathematics and Reading or you are a non-public school applicant you must arrange to take an alternative assessment with the Technical High School. Please contact the Technical High School in your area for testing dates.*

### **Admissions Process & Procedures:**

Each of the above factors is given a score and the total score is then calculated. Students are selected by rank order until the 9<sup>th</sup> grade class total has reached capacity. All CTHSS schools rank the students in the same manner but the number of students selected can vary based on the size of the school and the number of applicants. An acceptance letter is sent to selected applicants requesting additional student records including special services. A meeting (504 or PPT) is then scheduled to address student programming needs.

**Student Applicant's Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Current School Attending:** \_\_\_\_\_

**List Technical High School ranked in order of preference**

**Return one completed application to 1<sup>st</sup> choice school only**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Home Schooled:**  Yes  No

**Grade Applying for 9** \_\_\_\_\_

**Grade Applying for 10** \_\_\_\_\_ **List Trade Interest in rank order** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

*The State of Connecticut Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, mental retardation, past or present history of mental disability, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding Connecticut Technical High School system's nondiscrimination policies and practices should be directed to Dr. Nivea L. Torres, Superintendent of Schools, Connecticut Technical High Schools System, 25 Industrial Park Road, Middletown, CT 06457, and/or, regarding race, color, national origin, age, sex and/or disability to the Office for Civil Rights, U.S. Department of Education, Boston, MA 02110-1491, telephone 617.289.0111, fax 617.289.0150, TTY/TDD 877.521.2172. The Connecticut Technical High Schools System is an equal opportunity/affirmative action employer.*

### Office Use Only

**Language Arts Test Score** \_\_\_\_\_  
**Grades** \_\_\_\_\_  
**Interest Statement** \_\_\_\_\_

**Mathematics Test Score** \_\_\_\_\_  
**Attendance** \_\_\_\_\_  
**Activities** \_\_\_\_\_

**Total Score** \_\_\_\_\_

This application requests information about your national origin, gender, racial or ethnic group, and primary language spoken in the home. Providing this information is voluntary. The information you do provide will be used for record-keeping purposes only; it will not be used as a factor in any action concerning education, activities or employment.

### Personal Information

To be completed by the student applicant and parent/guardian

Full Name:

\_\_\_\_\_ (Last) (First) (Middle)

Gender:  Male  Female

Applicant's Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

Racial or Ethnic Group: **All applicants should fill out both A & B:**

A. Is the applicant Hispanic/Latino? Yes  No

B. Is the applicant from one or more races use the following (choose all that apply):

American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  Asian   
White  Black or African American

Residence Address: \_\_\_\_\_  
(Box, Apartment, Street Name and Number)

\_\_\_\_\_ (City or Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from residence address) (Box, Apartment, Street Name and Number)

\_\_\_\_\_ (City or Town) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

With Whom Do You Live?  Mother and Father  Mother  
 Father and Stepmother  Father  
 Mother and Stepfather  Legal Guardian  
 Foster Care  Other (Please specify below)

\_\_\_\_\_ (Last Name) (First Name) (Relationship to the Applicant)

Father/Guardian's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Father/Guardian's Address if Different: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_ (City or Town) (State) (Zip Code)

Father/Guardian's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mother/Guardian's Address if Different: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_ (City or Town) (State) (Zip Code)

Mother/Guardian's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's E-mail Address and Name: \_\_\_\_\_

**Emergency Contact (1)**

\_\_\_\_\_  
(Last Name) (First Name) (Relationship to the Applicant) (Phone)

**Emergency Contact (2)**

\_\_\_\_\_  
(Last Name) (First Name) (Relationship to the Applicant) (Phone)

**Applicant's Primary Language:**

What language did you learn to speak first? 1. \_\_\_\_\_

What language do you speak the most at home? 2. \_\_\_\_\_

What language is spoken the most by parents/guardians or others living in your home? 3. \_\_\_\_\_

**To be completed by student only. Please list activities/clubs & organizations, sports and community involvement:**

List	Describe Involvement & Dates
1.	
2.	
3.	
4.	
5.	

**To be completed by student only. Describe the reasons why you would like to attend a technical high school:**


**Release of Records**

I approve this application and I, the undersigned, hereby give permission for the \_\_\_\_\_  
School to release the \_\_\_\_\_ (Name of school)

School records of \_\_\_\_\_ to Connecticut Technical High School System for the purpose of admission/placement  
(Student applicant's name)

at that school. Such records include, but are not limited to, course grades, discipline records, standardized test results, 504 Plans, IEP and/or PPT records, psychological reports attendance records, school health records, records of extracurricular activities, and Student Success Plans.

\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Parent/Guardian**

*By signing this I agree to continually update this student's record and forward all new information to the 1<sup>st</sup> choice school.*

\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Applicant**

## Information to be completed by the Sending School

One application should be submitted to 1<sup>st</sup> choice school only. Do not submit duplicate applications to additional schools.  
Incomplete applications will not be processed.

Applicant's State Assigned Student ID (SASID):

### Academic Information to be included in application

**9<sup>th</sup> grade admission:** Attach 7<sup>th</sup> grade final reports card, 8<sup>th</sup> grade 1<sup>st</sup> marking period (transcript), attendance, SSP's and the Grade 7 CMT results  
**Mid 9<sup>th</sup> & 10<sup>th</sup> grade admission:** Attach 8<sup>th</sup> grade final reports card and 9<sup>th</sup> grade 1<sup>st</sup> marking period (transcript) attendance and the Grade 8 CMT results.  
Applicants must be scheduled in Algebra I classes for mid-9<sup>th</sup> grade admissions. 10<sup>th</sup> grade applicants must have successfully completed Algebra I.

Final transcript, ELL program records, 504 plan, special education records, and health records are required at the end of the year but no later than July 8 for all accepted applicants. Acceptance is contingent upon successful completion of current grade and promotion to the next grade.

### Student Applicant's Behavior

Please provide the following **required** discipline information on the above named student. **Please attach the student's complete discipline record.**

Has this student participated in a violent criminal offense, as determined by State Law, while in or on the grounds of a school?  Yes  No  
Has this student committed a gun-free schools violation (possession of a firearm or explosive device that resulted in expulsion)?  Yes  No  
Has this student participated in an "other weapon" incident resulting in expulsion?  Yes  No  
Does this student have any other discipline infractions (dangerous or criminal offenses)?  Yes  No

Do you recommend this applicant for admission?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*By signing this I agree to continually update this student's record and forward all new information to the 1<sup>st</sup> choice school.*

**FOR DATA COLLECTION PURPOSES ONLY: To be completed by Sending School Personnel Only**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

### Gifted and Talented

Has this student been identified as gifted or talented? If yes, please check Gifted  Talented

### Special Education, 504 and Support Services

Does the student receive any special education services?  Yes  No

If yes, date of last triennial evaluation: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Has the student been identified as 504 eligible and receive services?  Yes  No

If yes, please describe: \_\_\_\_\_

Does the student receive any support services other than special education?  Yes  No

If yes, please describe: \_\_\_\_\_

### ELL (English Language Learner) Support Services

Does the student receive bilingual services?  Yes  No If yes, date bilingual services began: \_\_\_\_\_

Does the student receive ELL services?  Yes  No If yes, date ESL program services began: \_\_\_\_\_

**If you answered yes to any of the above ELL support services questions, you must attach the complete Language Assessment Scale (LAS LINKS) Grade 8 Student Report.**